



KANSAS DRUG UTILIZATION REVIEW NEWSLETTER

Health Information Designs, LLC

Fall 2016

Welcome to the Fall 2016 edition of the "Kansas Drug Utilization Review Newsletter," published by Health Information Designs, LLC (HID). This newsletter is part of a continuing effort to keep the Medicaid provider community informed of important changes in the Kansas Medical Assistance Program (KMAP).

Helpful Web Sites

KMAP Web Site

<https://www.kmap-state-ks.us/>

KDHE-DHCF Web Site

<http://www.kdheks.gov/hcf/>

KanCare Web Site

<http://www.kancare.ks.gov/>

Fee-For-Service (FFS)

Helpful Numbers

Provider Customer Service (Provider Use Only)

1-800-933-6593

Beneficiary Customer Service

1-800-766-9012

KMAP PA Help Desk

1-800-285-4978

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Prevention and Control of Influenza

The Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP) have released their updated recommendations for the 2016–2017 seasonal influenza vaccine.

Influenza A and B are the two types of influenza virus that cause epidemic human disease. Influenza A is further separated into subtypes and influenza B is further separated into lineages; this is based on antigenic differences. Influenza A viruses are categorized into subtypes on the basis of characterization of two surface antigens: hemagglutinin (HA) and neuraminidase (NA). Influenza B viruses are separated into two distinct genetic lineages: Yamagata and Victoria.

Annually, influenza viruses typically circulate from the late fall (October) through early spring (April), although precise timing of the onset, peak, and end of influenza activity varies from season to season. Per evidence from some clinical trials, protection from the vaccine extends at least for six to eight months. The majority of adults have a protective antibody response within two weeks after vaccination. The influenza vaccine is recommended for everyone who does not have contraindications, but special effort should be made to vaccinate those for whom influenza can cause serious illness and death, including:

- Adults aged 65 years or older
- Very young children (aged 6 months to under 5 years, especially those born preterm)
- Pregnant women (can safely receive influenza vaccination at any time during pregnancy)
- Immunosuppressed
- Those with chronic medical conditions: chronic pulmonary (including asthma) or cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)
- Children and adolescents (aged 6 months to 18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection
- Residents of nursing homes and other long-term care facilities
- American Indians/Alaska Natives
- Persons who are extremely obese (BMI \geq 40)

Prevention and Control of Influenza

Those who should not be immunized or have contraindications to receiving the influenza vaccine include:

- Children with moderate to severe febrile illness (until illness resolved—based on clinician judgment)
- Those who have had a severe allergic reaction, including:
 - Anaphylaxis with cardiovascular changes
 - Respiratory or GI symptoms
 - Reactions that require epinephrine
- Those who have experienced Guillain-Barré syndrome within six weeks of influenza vaccination

Influenza Vaccine Composition for the 2016–17 Season

All influenza vaccines licensed in the United States will contain HA derived from influenza viruses antigenically identical to those recommended by the FDA. Both trivalent and quadrivalent influenza vaccines will be available in the United States. The 2016–17 U.S. influenza vaccines will contain HA derived from the following:

- An A/California/7/2009 (H1N1)–like virus,
- An A/Hong Kong/ 4801/2014 (H3N2)–like virus, and
- A B/Brisbane/60/2008–like virus (Victoria lineage)

The 2016–17 U.S. quadrivalent vaccines will contain the same three antigens, and an additional influenza B virus HA, derived from a B/Phuket/3073/2013-like virus (Yamagata lineage). The composition for 2016–17 represents a change in the influenza A(H3N2) virus and a switch in lineage for the influenza B viruses.

Vaccine Products for the 2016–17 Season

Recommended Seasonal Influenza Vaccines for Different Age Groups: United States, 2016-2017 Influenza Season

Vaccine	Trade Name	Manufacturer	Presentation	Thimerosal Mercury Content, µg Hg/0.5-mL dose	Age Group
Inactivated					
IV3	Fluzone High-Dose	Sanofi Pasteur	0.5-mL prefilled syringe	0	≥65 years
IV3	Fluvirin	Seqirus	0.5-mL prefilled syringe	≤1.0	≥4 years
			5.0-mL multidose vial	25	≥4 years
IV3	Afluria	Seqirus	0.5-mL prefilled syringe	0	≥9 years ^a
			5.0-mL multidose vial	24.5	≥9 years ^a via needle/syringe 18–64 years via jet injector
allIV3	Fluad	Seqirus	0.5-mL prefilled syringe	0	≥65 years
ccIV4	Flucelvax	Seqirus	0.5-mL prefilled syringe	0	≥4 years
IV4	Fluzone	Sanofi Pasteur	0.25-mL prefilled syringe	0	6–35 months
			0.5-mL prefilled syringe	0	≥36 months
			0.5-mL vial	0	≥36 months
			5.0-mL multidose vial	25	≥6 months
IV4	Fluzone Intradermal	Sanofi Pasteur	0.1-mL prefilled microinjection	0	18–64 years
IV4	Fluarix	GlaxoSmithKline	0.5-mL prefilled syringe	0	≥3 years
IV4	FluLaval	ID Biomedical Corporation of Quebec (distributed by GlaxoSmithKline)	0.5-mL prefilled syringe	0	≥3 years
			5.0-mL multidose vial	<25	≥3 years
Recombinant					
RV3	Flublok	Protein Sciences	0.5-mL vial	0	≥18 years

allIV3: MF59-adjuvanted trivalent inactivated influenza vaccine; ccIV4: quadrivalent cell culture-based inactivated influenza vaccine; IIV3: trivalent inactivated influenza vaccine; IV4: quadrivalent inactivated influenza vaccine; RV3: trivalent recombinant influenza vaccine

Prevention and Control of Influenza

Those older than 9 years of age need only one dose. Children aged 6 months to 8 years need two doses (separated by at least four weeks) if they have received fewer than two doses before July 1, 2016; they need only one dose if they have previously received greater than two doses before July 1, 2016.

The FDA has approved Protein Sciences' quadrivalent formulation of *Flublok* influenza vaccine, which protects against four strains of influenza, including three of the same strains found in trivalent *Flublok* as well as an additional B strain. *Flublok Quadrivalent* is approved for adults 18 years and older and will be available in prefilled syringes in 2017.

Quadrivalent live attenuated influenza vaccine (LAIV4) should not be used in any setting during the 2016–2017 influenza season in light of the evidence for poor effectiveness of LAIV4 in the past three seasons, particularly against influenza A (H1N1)pdm09 viruses.

The intranasal LAIV4 (FluMist Quadrivalent) will not be covered by Kansas Medicaid during the 2016–2017 flu season.

Use of Antiviral Medications

Treatment of influenza with an antiviral should be initiated within 48 hours of illness onset. When treatment begins during this time period, a reduction of 1.5 days of total sick time is seen. After this time period, less benefit is seen.

Although vaccination is the preferred approach to the prevention of infection, chemoprophylaxis during an influenza outbreak is recommended when those at high risk of complications from influenza are unable to receive the vaccine or need supplemental protection (e.g., during the two weeks after influenza vaccination, when optimal immunity is achieved). Chemoprophylaxis should not be considered a substitute for vaccination.

Recommended Dosage and Schedule of Influenza Antiviral Medications for Treatment and Chemoprophylaxis for the 2016–2017 Influenza Season: United States

Medication	Treatment (5 Days)	Chemoprophylaxis (10 Days)
Oseltamivir^a		
Adults	75 mg twice daily	75 mg once daily
Children aged ≥ 12 months		
Body weight		
≤ 15 kg (≤ 33 lb)	30 mg twice daily	30 mg once daily
> 15–23 kg (33–51 lb)	45 mg twice daily	45 mg once daily
> 23–40 kg (51–88 lb)	60 mg twice daily	60 mg once daily
> 40 kg (> 88 lb)	75 mg twice daily	75 mg once daily
Infants aged 9–11 months ^b	3.5 mg/kg per dose twice daily	3.5 mg/kg per dose once daily
Term infants aged 0–8 months ^b	3 mg/kg per dose twice daily	3 mg/kg per dose once daily for infants 3–8 months; not recommended for infants < 3 months old unless situation is judged critical, because of limited safety and efficacy data in this age group
Preterm infants	See details ^c	
Zanamivir^d		
Adults	10 mg (two 5-mg inhalations) twice daily	10 mg (two 5-mg inhalations) once daily
Children (≥ 7 years for treatment, ≥ 5 years for chemoprophylaxis)	10 mg (two 5-mg inhalations) twice daily	10 mg (two 5-mg inhalations) once daily

References:

1. Grohskopf LA, Sokolow LZ, Broder KR, Olsen SJ, Karron RA, et al. Prevention and control of seasonal influenza with vaccines. MMWR Recomm Rep 2016; 65(No. RR-5): 1–54. DOI: <http://dx.doi.org/10.15585/mmwr.rr6505a1>.
2. Centers for Disease Control and Prevention. Frequently asked flu questions 2016–2017 influenza season. Last updated September 6, 2016. Available at: <http://www.cdc.gov/flu/about/season/flu-season-2016-2017.htm>.
3. Committee on Infectious Diseases. Recommendations for prevention and control of influenza in children, 2016–2017. Pediatrics 2016; 138(4), e20162527. DOI: 10.1542/peds.2016-2527. Available at: <http://pediatrics.aappublications.org/content/>
4. Tamiflu (oseltamivir) [prescribing information]. South San Francisco, CA: Genentech, Inc; June 2016.

Generic Medications

Recently Approved Generic Drugs:

August 2016	September 2016	October 2016
Zolpidem Sublingual (Eduar) Oseltamivir (Tamiflu) Doxylamine-pyridoxine (Diclegis) Flurandrenolide Lotion (Cordran)	Fenofibric Acid DR (Trilipix) Naftifine Cream (Naftin) Abacavir Solution (Ziagen) Memantine ER (Namenda XR)	Drospirenone-ethinyl estradiol-levomefolate (Beyaz) Drospirenone-ethinyl estradiol-levomefolate (Safyral) Olmesartan-amlodipine (Azor) Olmesartan-amlodipine-hydrochlorothiazide (Tribenzor) Olmesartan (Benicar) Olmesartan-hydrochlorothiazide (Benicar HCT)

Upcoming Generic Drugs:

Generic Name	Brand Name	Anticipated Launch
Quetiapine	Seroquel XR	November 1, 2016
Bosentan	Tracleer	November 1, 2016
Abacavir-lamivudine	Epzicom	November 18, 2016
Ezetimibe	Zetia	December 12, 2016
Albuterol	Proair HFA	December 19, 2016
Eletriptan	Relpax	December 26, 2016
Rasagiline	Azilect	February 1, 2017

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